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CONFIRMATION NO. 6285

<b>SERIAL NUMBER</b> 10/043,877	<b>FILING OR 371(c) DATE</b> 01/09/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> INRP:095US/10200175
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/261,346 01/11/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 182	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

32425

## TITLE

ANTHELMINTHIC DRUGS AS A TREATMENT FOR HYPERPROLIFERATIVE DISEASES

<b>FILING FEE RECEIVED</b> 2019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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